rha
innovative insurance solutions

5502 58TH STREET, SUITE 700
LUBBOCK, TEXAS 79414
(806) 794-0844
(806) 783-0895 – FAX

Group Name: _____

Group Number: _____

Employee Name: _____

Policy I.D. Number: _____

Patient: _____

ACCIDENT/INJURY DETAILS

We have received claims for the above claimant. In order to consider the pending claims properly, we need you to complete the following information:

1. Claim indicates it was due to an accident and/or injury. Please give the complete details including where, when, and how the accident or injury occurred.
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Was the above mentioned accident and/or injury work related?

   Yes_____ No_____

3. Was there a responsible third party involved?

   Yes_____ No_____

_____ _____

Signature of Employee Date